(080) Triba	al Lands Reporting				CC Form 690
					Approved by OMB
			100	///////////////////////////////////////	OMB Control No. 3060-1185
					age 5 of 8
<010>	Study Area Code		448017		
<015>	Study Area Name		Texas 10, LLC		
<020>	Program Year		2016		
<030>	Contact Name - Person USAC should contact regarding t	this data	Chad Strausbaugh		
<035>	Contact Telephone Number - Number of person identifi			-	
<039>	Contact Email Address - Email Address of person identif	ied in data line <03	0> cstrausbaugh@cellor	enation.com	
<142>	State				
\142 >	State				<u> </u>
44.40.	Count				
<143>	County				
.4.4.4.	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<144>	Tribal Land(s) on which ETC Serves				
	-				
<145>	Tribal Government Engagement Obligation				
	and a second and a second a se	Name of Attached Do	rument / ndf)		
		Name of Attached Do	ument (.puj)		
	If your company serves Tribal lands, please select (Yes, N	lo, Not Applicable)	for		
	each of these boxes to confirm the status described on t	he attached			
	PDF, on line 145, demonstrates coordination with the Tr	ribal			
	government pursuant to § 54.1004 includes:				
		_			
			Select		
<146>	All I	10	es, No, Not Applicable)		
\140>	Needs assessment and deployment planning with a focu	us on Tribal			
	community anchor institutions;	-			
<147>	Feasibility and sustainability planning;	L	4		
<148>	Marketing services in a culturally sensitive manner;	1			

<149>

<150>

<151>

<152> <153>

<154>

Compliance with Rights of way processes

Compliance with Facilities Siting rules

Compliance with Land Use permitting requirements

Compliance with Environmental Review processes

Compliance with Cultural Preservation review processes

Compliance with Tribal Business and Licensing requirements.

(090) Project Update Information FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8 <010> Study Area Code 448017 <015> Study Area Name Texas 10, LLC <020> **Program Year** 2016 <030> Contact Name - Person USAC should contact regarding this data Chad Strausbaugh <035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com <200> Date Authorized to Receive Support 08/16/2013 <201> **Targeted Completion Date** 08/17/2015 <202> **Total Mobility Fund Support Awarded** 100000.10 <203> **Total Mobility Fund Support Disbursed** 100000.10 <210> **Actual Completion Date** 07/15/2015 448017_PSD_TX.pdf <211> Project Status Description (attached) {Name of PDF attached} Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction <214> Status of Network Deployment - Deployment

✓

3G

<215>

<216>

<217>

<218>

Status of Network Deployment - Maintenance

Network will Support 3G/4G Mobile Service?

Project Budget Status

Project Plan Status

<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Texas 10, LLC Name of Reporting Carrier: Signature of Authorized Officer: Date Chad Strausbaugh Printed name of Authorized Officer: Staff Counsel Title or position of Authorized Officer: 6105356474 ext. Telephone number of Authorized Officer: Study Area Code of Reporting Carrier: 448017 Filing Due Date for this form: 07/01/2016

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

02) Certification - Agent / Carrier FCC Form 690	52055115915212011125349113
UZ) Certification - Agent / Carrier FCC Form 690	
Approved by OMB	
Approxisy one	
OMB Control No. 3060	44.04
Unit Control No. 3000	*1100
Page 8 of 8	

<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) also certify that I am an officer of the reporting carrier; my agent; and, to the best of my knowledge, the reports and d	is authorized to submit the information reported on behalf of the reporting consibilities include ensuring the accuracy of the data reporting requirements provided to the authorized provided to the authorized agent is accurate.	ng carrier. I
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	orized to File for Mobility Fund Recipients on Behalf of Re	eporting Carrier
, as agent for the reporting carrier, certify that I am auth reported herein based on data provided by the reporting	norized to submit the reports for Mobility Fund recipients on beha g carrier; and, to the best of my knowledge, the information report	If of the reporting carrier; I have provided the data ted herein is accurate.
Name of Reporting Carrier:		7 4
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Ager	nt	
Telephone number of Authorized Agent or Employee of A	gent:	
	Filing Due Date for this form:	

Attachments

(060) Coverage and		
		FCC Form 690
		Approved by OMB
		OND Control No. 3000

<010>	Study Area Code	448017
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
<140>	Coverage and Performance Report Year	08/2015 - 07/2016

<141>

<a1></a1>	<a2></a2>	<63>	<b1></b1>	<b2></b2>	<b3></b3>	«ci»	<c2></c2>	cc3>	<d>>d></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Błock	Certify that Coverage and Performacne data is uploaded (yes/no)
тх	Limestone	0000	0	0	0	0.0	0.0	0.0	Yes
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		····							

Percentage of Total Population Reached by Service

0		

Percentage of Total Road Miles covered by Service

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448017

County/State: Limestone, TX
Total Award Amount: \$100,000.10

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

10 10 A 10 A	Fund - §54.1009 Annual Reporting lection Form		Avg. Burden Estin	FCC Form Approved by OMB OMB 3060-1185 nate per Respondent: 18 Hours
<010>	Study Area Code	448018		
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2016	Accept	ed / Filed
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	JUN	172016
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		nications Commission The Secretary
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		•
		en de la companya de	MIGNIST STORT OF THE TRANSPORT OF THE STORT	MOOS HAMMUSKAAMARAAMARAAMARAAMARAAMARAAMARAAMARAAM
<040>	Has the information required pursuant to §54.1009		<u>//N)</u> <040>	
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lande? Ves or No.)	0 0	
	poes this study area cove	a anua ranasz tes or reuj	\cup \odot	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

INTO CAL		88501110		
lusui Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448018	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact r	egarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person	on identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of pers	on identified in data line <030>	cstrausbaugh@cellonenation.com	
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidde	<u>r</u>		
<110>	FCC Registration Number	17235110		
<111>	Filing Carrier Name			
<112>	Winning Bidder Carrier Name	Texas 10, LLC		***
<113>	Street Address (or PO Box)	Texas 10, LLC		
<114>	City	1170 Devon Park Dri	ve, Suite 104	
<115>	State	Wayne		
		PA		
<116> <117>	Zip-Code	19087		
<118>	Telephone Number Fax Number	6105356474 ext.		
<119>	Email Address	6106885209		
V1132	Email Address	cstrausbaugh@cellon	enation.com	
<pre><120> <121> <122> <122> <123> <124> <125> <126> <127> <128></pre>	iformation if same as above, indicate in this box Name (First, MI, Last, Suffix) Filing Carrier Name Street Address (or PO Box) City State Zip-Code Telephone Number Fax Number Email Address	Chad Strausbaugh Texas 10, LLC 1170 Devon Park Driv Wayne PA 19087 6105356474 ext. 6106885209		
Authorized	d Agent Information	cstrausbaugh@cellone	nation.com	
	if no agent, indicate in this box	Ľ		
<130>	Name (First, MI, Last, Suffix)			
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City			
<134>	State			
<135>	Zip-Code			-
<136>	Telephone Number	· · · · · · · · · · · · · · · · · · ·	·	
<137>	Fax Number	-	V	
<138>	Email Address			
-				

(0 60) Co	verage and Performance Report		FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448018	
<015>	Study Area Name	Texas 10, LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com	
<140>	Coverage and Performance Report Year 08/2015 - 07/2016		
	Coverage and Performace attachments	TX.zip	

<141>
<b2> <b3> <c1> <c2> <c3> Total Road Certify that Road Miles per Road Miles Coverage and Resident Total Resident Miles Census covered Performance data Resident Population Population per Block per is uploaded Newly Reached Reached by Population per Census Newly Census (Yes/no) Census Block Census Block State County by Service Service Block Reached Block -- See attached worksheet Percentage of Total Percentage of Total Population Reached by Road Miles covered Service by Service

(070) Urban Rate Comparability Certif			
(a) of orem nate combarantità certif	cation Compilance	FCC Form 690	
		Approved by OMB	
		OMB Control No. 30	60-1185
		Page 4 of 8	

<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4)			
form and in any attachments is accurate.	l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Texas	10, LLC		
Signature of Authorized Officer:	· · · · · · · · · · · · · · · · · · ·	Date	
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
Telephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448018	Filing Due Date for this form: 07/01/2016	
	s on this form can be punished b under Title	y fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authori	ze an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
i certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
Name of Authorized Agent: Name of Reporting Carrier:	
Signature of Authorized Officer or Employee:	Date:
Printed name of Authorized Officer or Employee:	Date.
Title or position of Authorized Officer or Employee:	
Telephone number of Authorized Officer or Employee:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be pu	unished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment nder Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authoriz	ed to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
I, as agent for the reporting carrier, certify that I am authori data provided by the reporting carrier; and, to the best of m	zed to submit the certification on behalf of the reporting carrier; I have provided the data reported herein based or In y knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	536.
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agen	t:
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can	be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

80) Triba	l Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
<010>	Study Area Code		448018	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding	this data	Chad Strausbaugh	
<035>	Contact Telephone Number - Number of person identifi	ed in data line <030>	6105356474 ext.	
<039>	Contact Email Address - Email Address of person identif	ied in data line <030>	cstrausbaugh@cellonenation.com	
<142>	State		est australiant ton com	
<143>	County			
:144>	Tribal Land(s) on which ETC Serves			
	-			
			4	\neg
:145>	Tribal Government Engagement Obligation			
		Name of Attached Docume	nt (.pdf)	

If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:

<146>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	Select (Yes, No, Not Applicable
<147>	Feasibility and sustainability planning;	
<148>	Marketing services in a culturally sensitive manner;	-
<149>	Compliance with Rights of way processes	
<150>	Compliance with Land Use permitting requirements	
<151>	Compliance with Facilities Siting rules	
<152>	Compliance with Environmental Review processes	
<153>	Compliance with Cultural Preservation review processes	
<154>	Compliance with Tribal Business and Licensing requirements.	

(090) Project Update Information FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 6 of 8 <010> Study Area Code 448018 <015> Study Area Name Texas 10, LLC <020> **Program Year** 2016 <030> Contact Name - Person USAC should contact regarding this data Chad Strausbaugh <035> Contact Telephone Number - Number of person identified in data line <030> 6105356474 ext. <039> Contact Email Address - Email Address of person identified in data line <030> cstrausbaugh@cellonenation.com <200> Date Authorized to Receive Support 08/16/2013 <201> **Targeted Completion Date** 08/17/2015 <202> **Total Mobility Fund Support Awarded** 100000.80 <203> **Total Mobility Fund Support Disbursed** 99130.79 <210> **Actual Completion Date** 07/28/2015 448018_PSD_TX.pdf <211> Project Status Description (attached) {Name of PDF attached} Please check these boxes below to confirm that the attached PDF, on line 211, contains a project status pursuant to §54.1005(b)(2)(v). The information shall be submitted as appropriate. <212> Status of Network Deployment - Network Design <213> Status of Network Deployment - Construction 1 <214> Status of Network Deployment - Deployment <215> Status of Network Deployment - Maintenance 1

(•) 3G

<216>

<217>

<218>

Project Budget Status

Network will Support 3G/4G Mobile Service?

Project Plan Status

<015> Study Area Name	Texas 10. LLC	· · · · · · · · · · · · · · · · · · ·
<010> Study Area Code	448018	
	Approved I	oy OMB of No.: 3060-1185
(101) Certification - Reporting Carrier	FCC Form 6	90

2016

Chad Strausbaugh

cstrausbaugh@cellonenation.com

6105356474 ext.

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

<020> Program Year

<035>

<030> Contact Name - Person USAC should contact regarding this data

Contact Telephone Number - Number of person identified in data line <030>

<039> Contact Email Address - Email Address of person identified in data line <030>

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texas 10, LLC			
Signature of Authorized Officer:	Date		
Printed name of Authorized Officer: Chad Strausbaugh			
Fitle or position of Authorized Officer: Staff Counsel			
Telephone number of Authorized Officer: 6105356474 ext.			
Study Area Code of Reporting Carrier: 448018	Filing Due Date for this form: 07/01/2016		

(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	448018
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

	is authorized to submit the information reported on behalf of the repo sponsibilities include ensuring the accuracy of the data reporting requirements provided to the author	
agent; and, to the best of my knowledge, the reports and	a provided to the authorized agent is accurate.	
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Autho	rized to File for Mobility Fund Recipients on Behalf of Re	porting Carrier
	orized to submit the reports for Mobility Fund recipients on behal carrier; and, to the best of my knowledge, the information report	
lame of Reporting Carrier:		
lame of Authorized Agent Firm:		
ignature of Authorized Agent or Employee of Agent:		Date:
lame of Authorized Agent Employee:		
itle or position of Authorized Agent or Employee of Agen	t	
elephone number of Authorized Agent or Employee of A	gent:	

Attachments

60) Coverage and Performance Report		1	FCC Form 690
			Approved by OMB
			OMB Control No. 3060-1185

Study Area Code	448018
Study Area Name	Texas 10, LLC
Program Year	2016
Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com
Coverage and Performance Report Year	08/2015 - 07/2016
	Study Area Name

<141>

<e1></e1>	<=2>	<83>	 d)1>	<b2></b2>	<b3></b3>	<e1></e1>	<62>	<c3></c3>	<d><d></d></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
тх	Limestone	0000	0	0	0	0.0	0.0	0.0	Yes
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Percentage of Total Population Reached by Service

0			
·			

Percentage of Total Road Miles covered by Service

0			

FCC Form 690 - Coverage and Performance Data Update

Texas 10, LLC has completed the coverage/performance testing for this SAC, which is reported in its Payment Request 3 submitted for this SAC.

Texas 10, LLC Form 690 – Annual Report for August 2015 – July 2016

Project Status Description

Item: SAC 448018

County/State: Limestone, TX
Total Award Amount: \$100,000.80

Project Description

To date, Texas 10, LLC has completed construction, and deployed its network in at least 75% of the eligible road miles associated with this SAC. There are no further material updates with respect to network design, construction, deployment and maintenance associated with this SAC.

100 100 100 100 100 100 100 100 100 100	Fund - §54.1009 Annual Reporting lection Form		Avg. Bürden Esti	FCC Form Approved by OMB OMB 3060-1185 mate per Respondent: 18 Hours
<010>	Study Area Code	448019	A	scented / Filed
<015>	Study Area Name	Texas 10, LLC		
<020>	Program Year	2016		JUN 172016
<030>	Contact Name: Person USAC should contact with questions about this data	Chad Strausbaugh	Federa	Il Communications Commission Office of the Secretary
<035>	Contact Telephone Number: Number of the person identified in data line <030>	6105356474 ext.		
<039>	Contact Email: Email of the person identified in data line <030>	cstrausbaugh@cellonenation.com		
V.785///\$6///				
<040>	Has the information required pursuant to §54.1009)
	<041> Attach a description of the documents file	ed with the Form 481 reporting	<041>	
	<042> Cite the Study Area Code (SAC) for the Fo	rm 481 reporting	<042>	
<080>	Tribal Lands Reporting (y/n?) (Does this study area cover	er tribal lands? Yes or No)	0 0)

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

(050) Carı	ler Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		448019	
<015>	Study Area Name		Texas 10, LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding the		Chad Strausbaugh	
<035> <039>	Contact Telephone Number - Number of person identifie Contact Email Address - Email Address of person identifie		6105356474 ext.	
- 10332	Contact Email Address - Email Address of person identifie	eu in data iine <030>	cstrausbaugh@cellonenation.com	30 MS 1500
Reporting	Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number	17235110		
<111>	Filtra Construction	Texas 10, LLC		
<112>		Texas 10, LLC		
<113>	· · · · · · · · · · · · · · · · · · ·	1170 Devon Park Dri	ve, Suite 104	
<114>	•	Wayne		
<115>	- Charles	PA		***************************************
<116>		19087		
<117>	Tolophone Number	6105356474 ext.		
<118>	Fax Number			=
<119>	Email Address	6106885209		
		cstrausbaugh@cellon	enation.com	
<120> <121> <122> <123> <124>	Filing Carrier Name Street Address (or PO Box) City	Chad Strausbaugh Texas 10, LLC 1170 Devon Park Driv Wayne PA	ze Suite 104	
<125>	Zip-Code	19087		
<126>	Telephone Number	6105356474 ext.		
<127>	Fax Number	6106885209		
<128>	Email Address	cstrausbaugh@cellone	enation.com	
	d Agent Information if no agent, indicate in this box None (Sint Millor Coffe)			
<130>	Name (First, MI, Last, Suffix)		7.00	
<131>	Company			
<132>	Street Address (or PO Box)			
<133>	City		*** A-A-	
<134>	State			
<135>	Zip-Code			
<136>	Telephone Number			
<137>	Fax Number			
<138>	Email Address			
	_			

(060) Co	overage and Performance Report	FCC Form 690 Ap proved by OMB OMB Control No. 3060-1185 Page 3 of 8
<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016

<015> Study Area Name
Texas 10, LLC
CO20
Program Year
CO30
Contact Name - Person USAC should contact regarding this data
Chad Strausbaugh
Contact Telephone Number - Number of person identified in data line <030>
Contact Email Address - Email Address of person identified in data line <030>
cstrausbaugh@cellonenation.com
Coverage and Performance Report Year
08/2015 - 07/2016

	448019_CPRd_TX.zip
Coverage and Device and advantage of	
Coverage and Performace attachments	

<141> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Total Road Road Certify that Road Miles per Miles Coverage and Total Resident Resident Miles Census covered Performance data Resident Population Population Block per per is uploaded Population per Newly Reached Reached by Census Newly Census (Yes/no) State County Census Block Census Block by Service Service Block Reached Block -- \$ee attached worksheet

	0		0
Percentage of Total Population Reached by Service		Percentage of Total Road Miles covered by Service	

(070) Urban Rate Comparability Certification Compliance FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 4 of 8
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<010>	Study Area Code	448019
<015>	Study Area Name	Texas 10, LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Chad Strausbaugh
<035>	Contact Telephone Number - Number of person identified in data line <030>	6105356474 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	cstrausbaugh@cellonenation.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

l certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate.			
Name of Reporting Carrier: Texas	10, LLC		
Signature of Authorized Officer:		Date	
Printed name of Authorized Officer:	Chad Strausbaugh		
Title or position of Authorized Officer:	Staff Counsel		
elephone number of Authorized Officer:	6105356474 ext.		
Study Area Code of Reporting Carrier:	448019	Filing Due Date for this form: 07/01/2016	

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting
arrier. I also certify that I am an officer or employee of the repo	rting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the
uthorized agent; and, to the best of my knowledge, the reports	and data provided to the authorized agent is accurate.
ame of Authorized Agent:	
ame of Reporting Carrier:	
ignature of Authorized Officer or Employee:	Date:
rinted name of Authorized Officer or Employee:	
itle or position of Authorized Officer or Employee:	
elephone number of Authorized Officer or Employee:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Comp	pliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am authorized to submit the data provided by the reporting carrier; and, to the best of my knowledge, the	certification on behalf of the reporting carrier; I have provided the data reported herein based or information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
ignature of Authorized Agent or Employee of Agent:	Date:
lame of Authorized Agent Employee:	
itle or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Agent:	
tudy Area Code of Reporting Carrier:	Filing Due Date for this form:

(080) Trib	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185	
				Page 5 of 8	
<010>	Study Area Code		448019		
<015>	Study Area Name		Texas 10, LLC		
<020> <030>	Program Year	al-i- d-a	2016		
<035>	Contact Name - Person USAC should contact regarding Contact Telephone Number - Number of person identif		Chad Strausbaugh		
<039>	Contact Email Address - Email Address of person identi		-020s		
<142>	State		cstrausbauch@cellonenation.com		
41.425	Country				
<143>	County				
<144>	Tribal Land(s) on which ETC Serves				
<145>	Tribal Government Engagement Obligation	Name of Attached	d Dacument (.pdf)		
	If your company serves Tribal lands, please select (Yes, No, Not Applicable) for each of these boxes to confirm the status described on the attached PDF, on line 145, demonstrates coordination with the Tribal government pursuant to § 54.1004 includes:				
<146>	Needs assessment and deployment planning with a foc community anchor institutions;	us on Tribal	Select (Yes, No, Not Applicable)		
<147>	Feasibility and sustainability planning;				
<148>	Marketing services in a culturally sensitive manner;				
<149>	Compliance with Rights of way processes				
<150>	Compliance with Land Use permitting requirements				
<151>	Compliance with Facilities Siting rules				
	Compliance with Fournmental Review processes				

<153> Compliance with Cultural Preservation review processes
<154> Compliance with Tribal Business and Licensing requirements.